

DATE _____

MOBILE HOME INSTALLATION DECAL ORDER FORM

TO: DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
2900 APALACHEE PARKWAY, MS66
TALLAHASSEE, FLORIDA 32399-0640

APPLICATION IS HEREBY MADE FOR: Fee of \$ _____ is Enclosed

_____ # Mobile Home Installation Decals..... \$10.00
(minimum of five) Please make check payable to: DHSMV

NAME _____

ADDRESS _____

CITY/STATE _____

PHONE # _____

INSTALLER LICENSE # (DIH or IH) _____

DEALER/MANUFACTURER LICENSE # (DH or MH) _____

I hereby certify that these decals will be applied as required in section 320.8249,
Florida Statutes, and understand these decals are non-transferable.

1st SIGNATURE _____
Licensed Mobile Home Dealer, Installer or Manufacturer

2nd SIGNATURE _____
Who Attended the 8-hour Training Class & Passed Exam
(Only required if different from 1st Signature)

DMV USE ONLY

NUMBER _____ THROUGH _____

ASSIGNED BY _____ DATE _____

DO NOT SEPARATE ORIGINAL AND COPY